



# Suffolk County Department of Social Services

## FCSA Child Care Bureau

### **Confidential Inquiry on Employment**

*(The Employer must complete all employment related sections and sign the form)*

DATE	EMPLOYEE	SSN	DSS CASE #
DSS CASE NAME AND ADDRESS		RETURN FORM TO: <input type="checkbox"/> EMPLOYEE OR <input type="checkbox"/> LISTED ADDRESS	
		ATTN: _____ <input type="checkbox"/> DSS FAX _____	
EMPLOYEE START DATE:	IF EMPLOYEE IS NO LONGER WORKING, EXPLAIN WHY, AND PROVIDE LAST DATE WORKED: _____ LAST DAY: _____		REQUESTED RETURN DATE:

An eligibility requirement for receipt of Childcare is verification of employment. Section 143 of the Social Welfare Law states :  
***"If requested by an authorized representative...the officials or executives of any corporation or partnership, and all employers of labor of any kind doing business within the State of New York, shall furnish to such representative or authority, information relating to wages, salaries, earnings or other income of any applicant for, or recipient of childcare ...or of any relative legally responsible for the support of such applicant or recipient."***

EARNINGS FOR LAST 12 WEEKS OF EMPLOYMENT (TO BE COMPLETED BY EMPLOYER)				
PAY PERIOD		GROSS PAY (Before Deductions)	TIPS/ COMMISSION	OTHER (SPECIFY)
FROM	TO			

Start Date:	Title:	Hourly Wage:	Avg # Hours Worked:				
Pay Cycle: ___ Weekly; ___ Bi-weekly; ___ Semi-Monthly; ___ Monthly (___ 1 <sup>st</sup> ___ 15 <sup>th</sup> ___ 30 <sup>th</sup> ); Other, Specify: _____							
Circle the Days of the Week Employee Works:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Indicate time usually worked (i.e. 9 am – 5 pm):							

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Local Job Site Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

FORM CCB-6010-004 (Rev. 04/2015)

P.O. BOX 18100  
 HAUPPAUGE, NY 11788-8900

[www.suffolkcountyny.gov/departments/socialservices](http://www.suffolkcountyny.gov/departments/socialservices)  
 Child Care Unit Fax #: (631) 854-3331